

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

State Laboratory Institute

Boston Drug Laboratory
Tel (617) 983-6622
Fax (617) 983-6625

Amherst Drug Laboratory
Tel (413) 545-2601
Fax (413) 545-2608

Boston Hours

8:00 – 11:00

2:00 – 4:00

Amherst Hours

8-88-12-88

DRUG RECEIPT

City or Department: Methuen Police Reference No.:

Police Reference No.:

Name and Rank of Submitting Officer: PTL JAUALLER

(max)

Defendant(s) Name (last, first, initial):

To be completed by Submitter

Description of Items Submitted

To be completed by Lab Personnel

Gross Weight

Lab Number

Received by:



Date:

8-6-10

No. [REDACTED]

Date Analyzed:

11/8/10

City: Methuen Police Dept.

Officer: P.O. Lavallee

Def: [REDACTED]

Amount:

Subst: VM

No. Cont: 1 Cont: pb

Date Rec'd: 08/06/2010

No. Analyzed:

Gross Wt.: 5.29 ✓

Net Weight:

1.51g

Tests:

MACRO + MICRO + DUGT

3KAC

Prelim:

Findings:

Marijuana

No. [REDACTED]

Date Analyzed:

11/8/10

City: Methuen Police Dept.

Officer: P.O. Lavallee

Def: [REDACTED]

Amount:

Subst: VM

No. Cont: 1 Cont: pb

Date Rec'd: 08/06/2010

No. Analyzed:

Gross Wt.: 4.28 ✓

Net Weight:

0.57g

Tests:

MACRO + MICRO + DUGT

3KAC

Prelim:

Findings:

Marijuana